

Substitute for form 1449/PTO (Revised 04/2003) INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known		
				Application Number	Not yet assigned	
				Filing Date	Filed Concurrently Herewith	
				First Named Inventor	Merit	
				Group Art Unit	Not yet assigned	
Examiner Name	Not yet assigned					
Sheet 1 of 1	Attorney Docket Number		046658/271691			
U. S. PATENT DOCUMENTS						
Examiner Initials*	Cite No.	Document Number Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document		Pages, Columns, Lines, Where Relevant Passages of Relevant Figures Appear
FOREIGN PATENT DOCUMENTS						
Examiner Initials	Cite No.	Foreign Patent Document Country Code - Number Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	English Language Translation Attached
BH	1	WO 01/46256 A2	06-28-2001	INCYTE GENOMICS, INC.		
OTHER DOCUMENTS						
Examiner Initials	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s) , volume-issue number(s), publisher, city and/or country where published.				English Language Translation Attached
Examiner Signature	/Bruce Hissong/			Date Considered	12/15/2006	

*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.
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